

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10753547 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	12						53						
4	01						54						
5	10						55						
6	01						56						
7	10						57						
8	01						58						
9	01						59						
10	01						60						
11	01						61						
12	01						62						
13	01						63						
14	01						64						
15	10						65						
16	1						66						
17	1						67						
18	12						68						
19	01						69						
20	10						70						
21	01						71						
22	10						72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.	20	←		←	←		TOTAL DEP.		←		←		←
TOTAL CLAIMS	22	[REDACTED]		[REDACTED]		[REDACTED]	TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]